Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	_09/21/2010	Address:	Farmersvile Road
Case #:	PQ [0-113D		Mt Vernon
County:	Posey		47620
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence ☐ Outbuilding ☑ Vehicle	☐ Hotel/Motel☐ Open No Structure☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s);			
Flammable Solvents:			
☐ Water Reactive Metal (Lithium):			
Anhydrous Ammonia: Open Air			
Corrosive Acid: Sulfuric Acid			
Corrosive Base:			
Other (item and location):			
Ycs _	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin Retail/Mo	e Information c/Pscudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Health Depa	ment: <u>Black Township</u> artment: <u>Posey County H</u> calth Dept ction Service: <u>N/A</u>	Fax: <u>E-MA</u> Fax: <u>E-MA</u> Fax: <u>E-MA</u>	<u>II.</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>J.Fortune</u> Phone <u>812-449-1949</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.